REMARKS

With entry of this amendment, claims 17-23 are pending. New claims 18-23 have been added to recite the particulars of the medicaments being administered as specified in canceled claims 7-12. No new matter has been added. Reconsideration is requested.

Applicants thank Examiner Brooks for her time and attention in the telephonic Examiner Interview held on or about April 4, 2008 with the undersigned. Examiner Brooks indicated that as of that time no action had been taken with respect to Applicant's response filed on December 28, 2007, and it would be therefore be necessary for Applicant to file a Notice of Appeal to assure maintaining the application in pending status.

Claims 1, 5-13 and 16-17 were rejected under 35 U.S.C. § 103(a) as being unpatentable over Barsig (US Pub. No. 2003/00992706) in view of Buris et al. (Loteprednol etabonate, a new soft steroid is effective in a rabbit acute experimental model for arthritis, *Pharmazie*, Jan;54(1):58-61, 1999). This rejection is traversed for the following reasons.

The present claims relate to the treatment of respiratory diseases, allergic diseases, asthma and COPD with the special combination of loteprednol and DFHO. In contrast, both documents cited by the Examiner refer to the combination of PDE4 inhibitors and disease modifying anti-rheumatic drugs (DMARDs), especially for the treatment of rheumatoid arthritis. Barsig discloses DFHO as PDE4 inhibitor and airway disorders of various origin as potential further indication to be treated with the combination. But the experimental data in the Barsig application are only focused on the treatment of rheumatoid arthritis analyzed using a model of collagen-induced arthritis in mice. The document does not prove any special effect of PDE4 inhibitors and DMARDs in the treatment of any respiratory disease. Furthermore, Loteprednol is not mentioned at all in this document.

The second document, Buris *et al.*, discloses loteprednol as being useful in the rabbit acute model for arthritis. Buris compares the efficiency of loteprednol and dexamethasone for the treatment of arthritis. Therefore both documents cited by the Examiner refer to the same indication which is totally different from the indication claimed in the present invention. Nowhere in either prior art document is any correlation of loteprednol to the treatment of respiratory diseases to be found. For this reason the person skilled in the art could not expect the synergistic effect of loteprednol and DFHO in the treatment of respiratory diseases.

Furthermore, the synergistic effect of the combination is clearly shown in the experimental data of the present application, which measure totally different parameters than the specific arthritis models of the prior art documents. The experimental data of the present application show the synergistic reduction of granulocyte-macrophage colony-stimulating factor (GM-CSF) or tumor necrosis factor (TNF) release from stimulated monocytes as an indicator for the reduction of inflammation. These molecules are important modulators of the inflammatory component of respiratory diseases such as asthma, COPD or allergic respiratory diseases.

For all of the above reasons, it is respectfully submitted that the presently pending claims are not obvious fropm Barsig in view of Buris et al. Reconsideration and withdrawal of the rejection are respectfully requested.

All objections and rejections having been addressed, it is respectfully submitted that the application is in condition for allowance, and Notice to that effect is respectfully requested.

Respectfully submitted,

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